

Claims Comparison		
	July 1 - October 1, 2015	July 1 - October 1, 2016
	Totals	Totals
Total Number of Claims	93,827	78,831
Paid Status (P)	44,420	55,224
Denied Status (D)	47,314	21,972
Partial Refund (E)	17	1
Informational (I)	1,062	1,278
Full Refund (V)	412	1
Denied Not used for audit (X)	602	354

2015		2016	
EOB Codes used in 2015 & 2016			
EOB Cod	EOB Description	EOB Cod	EOB Description
00027	Allowed amount reflects other insurance payment that may equal or exceed program liability.	00027	Allowed amount reflects other insurance payment that may equal or exceed program liability.
114	Procedure code is invalid or the combination of procedure code and type of service is invalid.	114	Procedure code is invalid or the combination of procedure code and type of service is invalid.
127	Paid on claim %1 on %2.	127	Paid on claim %1 on %2.
158	Services related to dental care are not a benefit.	158	Services related to dental care are not a benefit.
181	Client's full name, client number, sex, & date of birth do not match information on file.	181	Client's full name, client number, sex, & date of birth do not match information on file.
255	Resubmit to TMHP with complete other insurance info and document payment or denial.	255	Resubmit to TMHP with complete other insurance info and document payment or denial.
308	Your 2017 claim form is missing required information. Please refer to 2017 guidelines and resubmit corrected claim.	308	Your 2017 claim form is missing required information. Please refer to 2017 guidelines and resubmit corrected claim.
376	A valid diagnosis code and qualifier version combination are required for processing. Refile claim with a valid diagnosis code and qualifier version combination. Narrative descriptions are not acceptable.	376	A valid diagnosis code and qualifier version combination are required for processing. Refile claim with a valid diagnosis code and qualifier version combination. Narrative descriptions are not acceptable.
420	Our records indicate provider is not enrolled in this program. Contact TMHP Customer Service.	420	Our records indicate provider is not enrolled in this program. Contact TMHP Customer Service.
450	Information from the other insurance company has been received. Client has more than one insurance company. Please contact Customer Service.	450	Information from the other insurance company has been received. Client has more than one insurance company. Please contact Customer Service.
618	Your claim is being routed within TMHP for correct processing. No action required on your part.	618	Your claim is being routed within TMHP for correct processing. No action required on your part.
754	Attachments to your claim did not support or agree with services billed.	754	Attachments to your claim did not support or agree with services billed.
1046	Incomplete provider eligibility, contact Provider Enrollment.	1046	Incomplete provider eligibility, contact Provider Enrollment.
1147	Please refer to other EOB messages assigned to this claim for payment/denial information.	1147	Please refer to other EOB messages assigned to this claim for payment/denial information.
1165	Missing/invalid present on admission indicator.	1165	Missing/invalid present on admission indicator.
1201	New day claim generated due to retroactive medicaid eligibility.	1201	New day claim generated due to retroactive medicaid eligibility.
90000	This claim was manually reviewed.	90000	This claim was manually reviewed.
90013	Amount submitted exceeds field length. Please resubmit.	90013	Amount submitted exceeds field length. Please resubmit.
EOB Codes used in only one year			
00037	Please document source of credit amount indicated. Refile corrected claim.	113	Furnish the Medicare Remittance Advice or Notice for our processing.
180	Client number invalid. Please resubmit with accurate client information.	210	Medicare payment information missing. Please resubmit with Medicare RA or Notice.

261	Primary birth control method at end of visit must be consistent with the family planning procedure billed. Please correct and resubmit claim.	257	Medicare deductibles, co-insurance, non-covered charges and payables do not balance. Please resubmit with Medicare Remittance Advice or Notice.
271	Claim denied due to inaccurate client information. Please contact Medicare to verify client eligibility information.	1024	Billing provider tax ID must be numeric.
273	This claim cannot be considered due to state payment deadlines. This is a final disposition and no further appeals will be accepted.	1151	This client has other insurance. Claim was forwarded to the other insurance carrier TMHP will take no further action on this claim. Contact other insurance carrier if no response received within 45 days.
310	Service(s) filed on an incorrect claim form. Refer to Provider Procedures Manual and refile as an original claim.	1601	Billing provider NPI/API to TPI combination or NPI/API information is invalid.
368	If you are having difficulty filing your appeal, please contact TMHP Customer Service at 1-800-925-9126.		
411	Our records indicate the billing/ performing or referring provider has been sanctioned, excluded or terminated from this program.		
469	Claim/procedure was referenced to a missing/invalid diagnosis code. Please refile with a correct diagnosis code.		
898	Surgical date and/or procedure required for processing. Refile corrected claim.		
914	Type and Source of Admit missing/invalid. Please resubmit.		
994	Our records indicate this client is not eligible for this diagnosis.		
1008	Claim diagnosis is invalid to client's sex.		